

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155373		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2012	
NAME OF PROVIDER OR SUPPLIER  BLUFFTON REGIONAL MEDICAL CENTER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAIN ST BLUFFTON, IN 46714			
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/15/12</p> <p>Facility Number: 000264 Provider Number: 155373 AIM Number: N/A</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Bluffton Regional Medical Center Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>Bluffton Regional Medical Center</p>			K0000	F000 Please accept this plan of correction as the facility's credible allegation. This plan of correction is submitted as required under federal and state law.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Continuing Care Center was located on the first floor of a three story hospital with a basement determined to be of Type I (332) construction and the Care Center was fully sprinklered. The facility has a fire alarm system with smoke detection on each side of the smoke barrier doors in the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 13 and had a census of 6 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered with the exception of the three stairwells. All areas providing facility services were sprinklered including the building where the maintenance office is located.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/19/12.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0048 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written plan that included the different types and the use of fire extinguishers provided in the facility in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ul style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to the fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> <li>(7) Preparation of floors and building for evacuation</li> <li>(8) Extinguishment of fire</li> </ul> <p>This deficient practice could affect all 6 residents.</p> <p>Findings include:</p> <p>Based on a record review with the Director of Plant Operations and the Assistant Director of Plant</p>			K0048	<p>The Quality Director determined that no residents were impacted by the Fire Safety Management Plan lack of fire extinguishers descriptions. The plant operations director revised the Fire Safety Management Plan to address the types of fire extinguishers throughout the facility. Measures to prevent reoccurrence. The Plant operations director will review emergency plans annually for required elements. The plant operations will report reviews and revisions of emergency plans at the Environment of Care meeting s. Findings will be presented to CCC Quarterly meeting and Quality Council with reports forwarded to Medical Executive committee and Board of Trustees.</p>		10/29/2012

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	<p>Operations on 10/15/12 at 12:31 p.m., the "Fire Safety Management Plan" did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system. This was confirmed by the Director of Plant Operations at the time of record review.</p> <p>3.1-19(b)</p>						

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K0050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 completed quarters. This deficient practice could affect all 6 residents.</p> <p>Findings include:</p> <p>Based on record review of the "Fire Drill/Incident Critique" with the Director of Plant Operations and the Assistant Director of Plant Operations on 10/15/12 at 11:30 a.m., there was no record of a second shift fire drill for the second quarter of 2012. Based on an interview with the Director of Plant Operations at the time of record review, no other documentation was available for review to verify this drill was</p>		K0050	<p>The Quality Director determined that no residents were impacted by the lack of fire drill being conducted for the second quarter of 2012. The plant operations director reviewed the requirements for frequency of fire drills with staff. Measures to prevent reoccurrence. The Plant operations director reviewed fire drill requirements with staff for required elements. The plant operations director will audit frequency of fire drills completed at facility monthly for 6 months or until 100% compliance met. Findings will be presented to CCC Quarterly meeting and Quality Council with reports forwarded to Medical Executive committee and Board of Trustees.</p>		10/29/2012	

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	conducted.  3.1-19(b) 3.1-51(c)						